



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

OEMS Form 300-3
9/04

RECERTIFICATION APPLICATION
ADVANCED EMERGENCY MEDICAL TECHNICIAN

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| | | | | |
|---|--|--|---|--------------------------|
| EMT NUMBER | LEVEL OF CERTIFICATION: | | ADVANCED EMT APPLYING TO | |
| | <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> PARAMEDIC | | <input type="checkbox"/> RECERTIFY AT EMT-BASIC LEVEL | |
| FIRST NAME (leave space between) MIDDLE INITIAL (leave space between) LAST NAME | | | | |
| MAILING ADDRESS or P.O. BOX | | | | |
| CITY | | | STATE | ZIP CODE (5 or 9 digits) |
| SOCIAL SEC. NO. | | | | |
| (Required - M.G.L. Chapter 30A Section 13A) | | | | |
| DAYTIME TELEPHONE NUMBER | | | DATE OF BIRTH | |
| EMAIL ADDRESS | | | | |

Please list where you work as an EMT: _____

☐ Check if name, address or phone number has changed. Previous Info: _____
For name change please attach copy of legal documentation.

OPTIONAL INFORMATION

The following information is requested for statistical purposes and will be held strictly confidential. Please write the appropriate number in the spaces provided.

_____ Race 1 = White non-Hispanic, 2 = Black non-Hispanic, 3 = Hispanic, 4 = Asian or Pacific Islander,
5 = American Indian, 6 = Other: _____
_____ Education 1 = Some High School, 2 = High School Graduate or GED, 3 = Some College, 4 = Bachelors
Degree, 5 = Graduate Degree
_____ Gender 1 = Male, 2 = Female

APPLICATION MAY BE FILED ANY TIME BEFORE DECEMBER 31, 2004!

Continuing Education Requirements do not have to be completed to file this application, but must be completed by December 31, 2004.

To recertify as an EMT, you **MUST** complete all recertification requirements by **December 31, 2004**. You are encouraged to file your fee and application early. The fee is **\$150.00**. For processing purposes, you need to submit your completed application and your fee together. These **MUST** be filed at least 60 days prior to expiration.

The **\$150.00** fee is non-refundable and must be payable to: **Commonwealth of Massachusetts**. Personal Check, bank check or money order is acceptable. Please do not send cash. Mail this signed form and fee to:

DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
2 BOYLSTON STREET, 3rd Floor
BOSTON, MA 02116

You can check your EMT continuing education credit hours on file or download a list of refresher and continuing education classes on the OEMS Website: <http://www.mass.gov/dph/oems>

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PLEASE READ CAREFULLY AND ANSWER ALL OF THE FOLLOWING QUESTIONS

SUPPLEMENTAL INFORMATION

EMT Background

1. Was your certification, license, or ability to work as an EMT (at any level) ever restricted, suspended or revoked in Massachusetts or in any other state or jurisdiction (including, but not limited to, by the state, your employer, supervising physician, hospital, or region)? ☐ YES ☐ NO
2. If you are/were certified or licensed as any other type of health care provider, was your certification or license ever restricted, suspended or revoked in Massachusetts or any other state or jurisdiction? ☐ YES ☐ NO

Criminal History

3. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a minor traffic violation¹ for which a fine of less than \$100.00 was assessed (conviction includes a guilty plea or admission to sufficient facts)? ☐ YES ☐ NO

Confidential Medical Information

4. Do you currently have any physical, mental, or medical condition which in any way limits or impairs your ability to function as an EMT? ☐ YES ☐ NO
5. Within the past two years, have you engaged in the use of illegal drugs or the misuse of prescription drugs? ☐ YES ☐ NO

If you answered yes to any of the questions above, attach a written explanation with supporting documentation. With regard to charges of criminal offenses, convictions, and disciplinary proceedings provide documentation including, but not limited to, that which fully describes the offense, copies of relevant court documents or administrative proceedings, dispositions and current status.

NOTE: Your failure to answer any of the above referenced questions will result in the return of your application without action. Your failure to disclose relevant information may result in the denial or revocation of your certification.

CERTIFICATIONS AND AUTHORIZATIONS

1. I certify that I will fulfill my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119, § 51A and to report abuse of elderly persons pursuant to c. 19A, § 15.
2. I agree to abide by all rules and regulations of the Commonwealth of Massachusetts.
3. I agree to keep OEMS informed in writing of any name or address changes over the course of my certification period. I understand that the name and address on this application shall be deemed the appropriate name and address to which all notices from the Department of Public Health will be sent, unless I notify the Department in writing of any changes.
4. I authorize the Office of Emergency Medical Services and its staff to contact the Criminal History Systems Board for access to conviction and pending criminal case data, as well as to contact other agencies as may be necessary to verify information related to this application. As an applicant for certification or recertification or as an EMT, I understand that a criminal history check may be conducted.
5. I hereby certify that I meet all the criteria for certification as required by 105 CMR 170.000 et seq. Further, I certify under the penalty of perjury that the information contained in this application is correct and I acknowledge that any false, inaccurate, or omitted statement or document is grounds for denial, revocation or suspension of the certification for which I am applying

Signature of applicant: _____ Date: _____

¹ The following traffic violations are not minor and must be reported: conviction for driving under the influence, reckless driving, driving to endanger, and motor vehicle homicide.